Best Available Copy

PATENT	APPLICATION	FEE DETERMINATION	RECORE
FAILII	AFFLIVATION	I EE DETERMINATION	RECORE

Effective October 1, 2000

Application or Docket Number

19770397

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			<u>-</u> .					RATE	FEE	l	RATE	FEE
FOR			NUMBER FILED I		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			24 minus 20= * _ 1				X\$ 9=		OR	X\$18=	72	
INDEPENDENT CLAIMS			6 minus 3 = * _ 3			3		X40=		OR	X80=	240
MULTIPLE DEPENDENT CLAIM PRESENT								+135=			+270=	210
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II							TOTAL		OR	OTHER	THAN	
(Column 1) (Column 2) (Column 3)							_	SMALL E	ENTITY	OR	SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSŁY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	F OL 4 14 4	-		X40=		OR	X80=	
<u> </u>	FIRST PRESE	NTATION OF MI	DETIPLE DEF	ENDEN	CLAIM		┚╏	+135=		OR	+270=	
							Į.	TOTAL			TOTAL	
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE			ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	-	OR	X\$18=	
AME	Independent	*	Minus	***		=] [X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							J ↾	+135=		OR	+270=	
	•			•			Į	TOTAL			TOTAL	
		(Column 1)		(Colui	mn 2)	(Column 3)		ADDIT. FEE		JOH	ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUM	IEST BER OUSLY	PRESENT EXTRA	<u></u>	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=]	X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270= TOTAL	
	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											